

**State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
November 8, 2011 Meeting  
INDEX**

|   |     |
|---|-----|
| I. CALL TO ORDER .....  | 2   |
| II. PROGRESS REPORTS  |     |
| 1. CR 09-492 .....  | 2   |
| 2. CR 10-052 Victor T. Ho, M.D. ....                            | 2-3 |
| 3. CR 10-055 .....  | 3   |
| 4. CR 10-200 John H. Brennan, M.D. ....                         | 3-4 |
| 5. CR 10-604 Cristobal G. Alvarado, M.D. ....                   | 4   |
| 6. CR 11-249 .....  | 4-5 |
| 7. CR 11-347 George R. Kunhardt, M.D. ....                      | 5   |
| 8. CR 11-293 .....  | 5   |
| 9. CR 10-049 .....  | 5   |
| 10. Complaint Status Report (FYI) .....                         | 6   |
| 11. Review Draft Letters of Guidance .....                      | 6   |
| A. CR10-481 Joel S. Olstein, M.D. ....                          | 6   |
| 12. Consumer Assistant Feedback (None) .....                    | 6   |
| III. NEW COMPLAINTS   |     |
| 13. CR 11-209 .....   | 6   |
| 14. CR 11-338 .....   | 6   |
| 15. CR 11-287 .....   | 6-7 |
| 16. CR 11-288 .....   | 7   |
| 17. CR 11-325 .....   | 7   |
| 18. CR 11-350 .....   | 7-8 |
| 20. CR 11-355 .....   | 8   |
| 19. CR 11-353 .....   | 8   |
| 21. CR 11-415 .....   | 8   |
| 22. INTENTIONALLY LEFT BLANK                                    |     |
| IV. ASSESSMENT & DIRECTION                                      |     |
| 23. AD 11-090 .....   | 8   |
| 24. AD 11-364 .....   | 9   |
| 25. AD 11-378 .....   | 9   |
| 26. AD 11-413 (CR 11-479) .....                                 | 9   |
| 27. AD 11-476 (CR 11-480) .....                                 | 9   |
| V. INFORMAL CONFERENCE (None)                                   |     |
| NOON RECESS   |     |
| PUBLIC SESSION  |     |
| VI. MINUTES OF OCTOBER 11, 2011 .....                           | 9   |
| VII. BOARD ORDERS & CONSENT AGREEMENT MONITORING & AND APPROVAL |     |
| A. Board Orders (NONE)  |     |
| B. Consent Agreement Monitoring and Approval                    |     |

|   |       |
|---|-------|
| 1. Linda Kenniston, M.D. – Request to amend Consent Agreement.....                                    | 9     |
| 2. Paul A. Tessier, M.D. (Non-payment of Fine) (CR 11-482) .....                                      | 9-10  |
| 3. Thomas A. Tarter, M.D. (CR11-482) Non-payment of investigative costs. ....                         | 10    |
| 4. Alexandria Nesbit, PA-C (approval of workplace monitor).....                                       | 10    |
| VIII. ADJUDICATORY HEARING - CR 11-139 Matthew W. Jacobsen, M.D Continued .....                       | 10    |
| IX. REMARKS OF CHAIRMAN   |       |
| A. Informal Conference Scheduling .....   | 10    |
| B. Longevity Approval .....   | 10    |
| X. EXECUTIVE DIRECTOR’S MONTHLY REPORT .....  | 10    |
| A. Complaint Status Report (FYI).....   | 10    |
| B. Policy Review – PA License, Registration Schedule II Prescribing<br>Authorization Expiration ..... | 10    |
| C. Examination Information .....  | 10-11 |
| D. Prescription Drug Summit .....   | 11    |
| XI. MEDICAL DIRECTOR’S REPORT   |       |
| A. 1501 Resolve Workgroup Update.....   | 11    |
| B. Attorney General’s Prescription Drug Summit (FYI)  |       |
| XII. REMARKS OF ASSISTANT ATTORNEY GENERAL  |       |
| A. Review of Complaint Process .....  | 11    |
| XIII SECRETARY’S REPORT   |       |
| A. List A   |       |
| 1. M.D. List A Licenses for Ratification .....  | 11-12 |
| 2. P.A. List A Licenses for Ratification (None)   |       |
| B. List B Applications for Individual Consideration   |       |
| 1. Debra Little, M.D.....   | 12    |
| 2. James M. Balliro, M.D. (Tabled).....   | 12    |
| 3. Susan Freeman Welham, M.D. ....  | 12    |
| C. List C Applications for Reinstatement.....   |       |
| 1. List C (1) Applications for Reinstatement .....  | 12    |
| 2. List C (2) Applications for Reinstatement for Individual Consideration                             |       |
| a. Shana Clark, M.D.....  | 12    |
| D. List D Withdrawals   |       |
| 1. List D (1) Withdraw License Application (None)   |       |
| 2. List D (2) Withdraw License from Registration .....  | 13    |
| 3. List D (3) Withdraw License from Registration – Individual Consideration                           |       |
| a. Rodney Kuhl, PA-C .....  | 13    |
| b. Manuel Sangalang, M.D. ....  | 13    |
| E. List E Licenses to lapse by operation of law (FYI) .....   | 13-14 |
| F. List F Licensees requesting to convert to active status  |       |
| 1. Alexandra Craig, M.D.....  | 14    |
| G. List G Renewal applications for review (none)  |       |
| H. List H. Physician Assistant Schedule II Authority Requests for Ratification (None)                 |       |
| XIV. STANDING COMMITTEE REPORTS   |       |
| A. First Quarter Financial Report (FYI) .....   | 14    |
| XV. BOARD CORRESPONDENCE (None)   |       |
| XVI. FYI.....   | 14    |

|                                     |    |
|-------------------------------------|----|
| XVII. FSMB MATERIAL (FYI) .....     | 14 |
| XVIII. ADJOURNMENT (4:15 p.m.)..... | 14 |

**State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
November 8, 2011 Meeting**

**BOARD MEMBERS PRESENT**

Gary R. Hatfield, M.D., M.D., Chairman  
Maroulla Gleaton, M.D. Board Secretary  
David R. Andrews, M.D.  
Louisa Barnhart, M.D.  
Cheryl Clukey  
David H. Dumont, M.D.  
Dana D. Dyer  
David Nyberg, Ph.D.

**BOARD STAFF PRESENT**

Randal C. Manning, Executive Director  
Mark C. Cooper, M.D., Medical Director  
Jean M. Greenwood, Board Coordinator  
Dan Sprague, Assistant Executive Director  
Maria MacDonald, Board Investigator  
Tim Terranova, Consumer Assistant

**ATTORNEY GENERAL'S OFFICE**

Dennis Smith, Assistant Attorney General  
Detective Peter Lizanecz

David D. Jones, M.D. was excused.

---

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C.) The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

**PUBLIC SESSIONS**

9:20 a.m. – 9:22 a.m.  
10:25 a.m. -10:26 a.m.  
10:37 a.m. – 10:38 a.m.  
11:56 a.m. - 11:57 a.m.  
12:00 p.m. – 12:15 p.m.  
12:45 p.m. – 2:27 p.m.  
2:27 p.m. – 4:15 p.m.

**PURPOSE**

Call to Order  
Public Session  
Public Session  
Public Session  
Public Session  
Public Session  
Public Session

**EXECUTIVE SESSION**

9:22 a.m. – 10:25 a.m.  
10:38 a.m. – 11:56 a.m.

Progress Reports and New Complaints  
New Complaints and Assessment and Direction

**RECESS**

10:26 a.m. – 10:37 a.m.  
11:57 a.m. -12:00 p.m.  
12:15 p.m. – 12:45 p.m.  
2:27 p.m. 2:45 p.m.

I. CALL TO ORDER

Dr. Hatfield called the meeting to order at 9:20 a.m.

A. AMENDMENTS TO THE AGENDA

1. AD 11-476
2. Manuel G. Sangalang, M.D. List D (3) Withdraw License Individual Consideration
3. CR 10-049 to Progress Reports
4. Susan Freeman Welham, M.D. Secretary's Report List B

B. SCHEDULED AGENDA ITEMS

The Adjudicatory Hearing CR 11-139 Matthew W. Jacobsen, M.D. scheduled for 10:30 a.m. was continued at the request of Dr. Jacobsen's legal counsel.

II. PROGRESS REPORTS

1. CR 09-492

Dr. Dumont moved to dismiss CR 09-492. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

In this case the patient had a lumbar stabilization procedure and spinal fusion which was complicated one month later by an infection at the surgical site. This necessitated further surgery and then eight weeks of intravenous antibiotics. Unfortunately the patient required two subsequent surgeries.

The neurosurgeon replies that the patient was at increased risk of these complications because of previous radiation treatment for uterine cancer as well as having osteoporosis and obesity. She did develop a complicated wound infection but that he treated it appropriately.

This case was reviewed at the Board's request by an outside neurosurgeon who determined that the care rendered was appropriate. The patient experienced unfortunate but not unexpected complications that do not reflect substandard care.

2. CR 10-052 Victor T. Ho, M.D.

Dr. Dumont moved to dismiss CR 10-052 Victor T. Ho, M.D. with a letter of guidance. Dr. Gleaton seconded the motion, which passed 6-1-0-1 with Dr. Hatfield recused.

This complaint involves a patient who underwent a cervical spine decompression that was complicated by significant operative bleeding. In the immediate post-operative period the patient developed increasing weakness and had to be taken back to the operating room where minimal findings were noted. The patient has experienced persistent weakness and pain.

The physician replies that he performed surgery only after an extended trial of conservative measures had been tried and failed. He admits that the patient had extensive bleeding which was treated appropriately. Once the progressive post-operative weakness occurred it was rapidly treated and the patient was returned to surgery. Subsequently, the patient remained stable and eventually returned to rehabilitation.

The Board sought outside neurosurgical reviews and the initial reviewer raised questions about the appropriateness of the surgery and the competence of how the surgery was performed as judged both by the amount of blood loss and by the subsequent neurologic deficit. Additional neurosurgical review by another surgeon concludes the surgery was probably indicated but also questions the amount of intra-operative bleeding and the possibility of an intra-operative spinal injury.

This case does not rise to the level of requiring disciplinary action but does merit concern by the Board. As such, a Letter of Guidance will be issued in reference to making sure patients are appropriately screened for surgery and attention is paid to surgical technique.

3. CR 10-055

Dr. Dumont moved to dismiss CR 10-055. Dr. Nyberg seconded the motion, which passed 6-1-0-1 with Dr. Hatfield recused.

This case involves a patient who underwent lumbar decompression and fusion and then needed to have a second operation three days after the first to have a surgical screw repositioned. The patient complains she continues to experience persistent pain. In addition, some surgical cotton got caught in the surgical field and could not be safely removed. The patient was appropriately informed of this.

The physician replies that he tried to avoid doing surgery but the patient failed less aggressive treatment. He admits the patient had significant post-operative pain and that a CT scan showed a screw needed to be repositioned and that this was done. On follow-up the patient stated her pain was better. The doctor subsequently left the practice (the patient had been made aware of this when the surgery was scheduled).

The Board requested an outside neurosurgeon review of this case, which ultimately concluded that the physician in question had not "practiced below the standard of care".

4. CR 10-200 John H. Brennan, M.D.

Dr. Barnhart moved to dismiss CR 10-200 John H. Brennan, M.D. with a letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

A female patient of Dr. Brennan alleges numerous boundary crossings and potential boundary violations. Dr. Brennan states these allegations are misinterpretations of his ordinary social habits. A review of the case records reveals that appropriate medical care was provided and that

certain patient factors were present that may have contributed to the allegations. A letter of guidance is issued with the following points.

Psychodynamic issues can still be present in a psychopharmacologic setting.

Some social behaviors can be interpreted as boundary crossings or violations by the patient in certain circumstances.

The Board strongly recommends Dr. Brennen attend a CME course that emphasizes boundary issues.

5. CR 10-604 Cristobal G. Alvarado, M.D.

Dr. Hatfield moved to dismiss CR 10-604 Chritobal G. Alvarado, M.D. with a letter of guidance. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant feels that he was misled by the physician after his son's rib was removed, as he and his wife were told post-operatively that two ribs had been removed and that no abnormalities had been found. They later found out only one rib had been mostly removed, but that the part of that rib containing the lesion was still present.

The physician states that he explained in detail to the parents that he would not be able to remove without undue risk the portion of the rib that was immediately adjacent to the spine. He explains why he feels there may have been confusion over whether one or two ribs were removed, and apologizes for this confusion. He states that the facility at which he practices does not have any radiological procedure protocols in place to help with rib lesion localization.

A review of the records shows that the surgeon was unable to find any specific abnormality during surgery and that only a single rib was removed. It does not appear that it was made clear to the parents after the surgery that it was possible the lesion still remained behind, and no follow up study was done to evaluate this possibility. The rib lesion was later biopsied and a diagnosis made at another facility using a radiological procedure.

A letter of guidance to the physician will outline that the Board feels communication post-operatively was poor, particularly in that 1) the parents were lead to believe that there was no abnormality, and 2) there was no discussion of whether any further follow up was needed. The letter will emphasize the need to help patients with their understanding when an outcome is not what may have been predicted, and to help them understand what further follow up may be needed. It will emphasize that a study should have been done post-operatively to be sure the lesion had been removed. It will also point out the need for consideration of alternatives that could possibly be safer, including those done outside their institution.

6. CR 11-249

Dr. Gleaton moved to dismiss CR 11-249. Dr. Dumont seconded the motion, which passed unanimously.

A patient complained about the care she received from her primary care physician. She felt he was not doing enough to treat her pain from diabetic neuropathy. The medical records reveal significant evaluation, thought, and time spent on this physician's part to aid this medically complex patient. There are no simple or quick treatments for her medical issues. There was evidence of good judgment with regard to narcotic prescribing, reflecting insight into this burgeoning problem for our state. This was reflected in the physician's responses to us and in his office narcotic protocols and contracts.

7. CR 11-347 George R. Kunhardt, M.D.

Dr. Hatfield moved to dismiss CR 11-347 George R. Kunhardt, M.D. with a letter of guidance. Dr. Nyberg seconded the motion, which passed unanimously.

The complainant feels that the physician did not come in to the hospital and see her immediately when he should have, and also misdiagnosed a serious medical condition because he was not listening to her and did not do a good examination.

The physician states that he did not come in when called by a nurse very early in the morning because he felt that the situation was not emergent and could wait to be further evaluated until his hospital rounds later that morning. He agrees that he misdiagnosed her medical condition. Once he became aware of this, he called the patient to apologize.

A review of the records shows that the physician was covering for only a portion of the patient's hospitalization. The patient's condition was not emergent, and it was reasonable to wait until the morning rounds to evaluate the situation; as well, he did speak with the patient on the phone at the early morning time. It appears that his evaluation later that morning was a poor one, ultimately leading to an infectious complication.

Given that the physician acknowledges his mistake and called the patient to apologize for it, the Board does not feel further investigation is warranted. A letter of guidance will emphasize the need for good listening skills with a patient as well as the need to do an appropriate history and physical.

8. CR 11-293

Dr. Dumont moved to withdraw the previously ordered Informal Conference in the matter of CR 11-293. Dr. Gleaton seconded the motion, which passed unanimously.

Dr. Dumont moved to dismiss CR 11-293 without prejudice. Dr. Gleaton seconded the motion, which passed unanimously.

9. CR 10-049

Dr. Nyberg moved to close CR 10-049 without prejudice. Mr. Dyer seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.



10. Complaint Status Report (FYI)

11. Review Draft Letters of Guidance

A. CR10-481 Joel S. Olstein, M.D.

Dr. Gleaton moved to approve the letter of guidance to Dr. Olstein. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

B. CR 09-545 Glenn A. Healey, M.D.

Dr. Dumont moved to approve the letter of guidance to Dr. Healey. Dr. Nyberg seconded the motion, which passed unanimously.

12. Consumer Assistant Feedback (None)

III. NEW COMPLAINTS

13. CR 11-209

Dr. Hatfield moved to investigate further CR 11-209. Dr. Gleaton seconded the motion, which passed unanimously.

14. CR 11-338

Dr. Barnhart moved to dismiss CR 11-338. Dr. Dumont seconded the motion, which passed unanimously.

The brother of a psychiatrically hospitalized patient alleges that the attending psychiatrist encouraged his hospitalized brother to take medications the patient was clearly opposed to taking by misquoting that he, the brother, was supportive of this plan (to use medications). Furthermore, the brother states he never met the psychiatrist. The psychiatrist has no release of information to provide specific records of the case. The psychiatrist states the record will support the presence of the brother at the treatment planning meeting and his agreement to the treatment plan. Treatment team meetings generally include family members and the family's agreement to the treatment plan is often quoted to the patient later as a motivating factor to take medications. The Board did not receive a signed consent for the release of the records in this case.

15. CR 11-287

Dr. Andrews moved to dismiss CR 11-287. Dr. Dumont seconded the motion, which passed unanimously.

The complainant, a penal resident in Warren, submitted a complaint against a physician in his capacity as Medical Director at the Maine State Prison. The patient is a 44 year old male with chronic right knee pain as well as other chronic medical conditions. The complainant's chronic pain has been managed with Tramadol (Ultram) 300 mg daily in addition to nonopioid analgesics. Previous to the complaint it was charged by prison security that the complainant was observed "cheeking" his medication. As per prison policy, the patient's Tramadol was withdrawn and replaced with Feldene, a non narcotic anti-inflammatory, and Percogesic, an acetaminophen diphenhydramine combination product. The charges may have been dropped at the time of a visit with another prison physician; however, there was no documentation of such a decision available to the medical staff. The complainant alleges he was denied adequate medical treatment in spite of the charges being withdrawn; however, the record shows that the Tramadol was in fact restarted.

The complaint is dismissed on the grounds that special circumstances exist within the penal system, due to the serious and justifiable concerns about drug diversion therein. During most of the investigational period, alternative analgesics were provided, and the patient's medical care was modified, not withdrawn.

16. CR 11-288

Mr. Dyer moved to dismiss CR 11-288. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant had a valid morphine prescription for chronic hip pain. As recorded in his progress notes, security discovered the medication in his pocket. It is institutional protocol in the case of drug diversion to stop the narcotic prescription. He was started on a detoxification protocol and other pain management options were discussed with him. The physician is not a party to this matter.

17. CR 11-325

Dr. Dumont moved to investigate further CR 11-325. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Andrews recused.

18. CR 11-350

Dr. Nyberg moved to dismiss CR 11-350. Dr. Gleaton seconded the motion, which passed 6-2-0-0.

The patient's husband complains that the physician did not treat his wife well during an appointment and later failed to apologize. Specifically, they are frustrated and disappointed that the physician failed to clarify certain test results, failed to screen for Fifth disease, and then left the patient in an exam room for a second blood pressure reading to be taken by a medical assistant, which did not happen. The physician describes how she explained the test results first in writing then in person, noting "all questions answered" in the chart. She explains her understanding of current evidence-based practice not to screen for Fifth disease, which is rare

and untreatable. Finally, she explains how her medical assistant mistakenly thought the patient had left the office and so did not take a second blood pressure reading. The physician, hearing nothing from the medical assistant, assumed there was no problem to discuss and left for the day. The physician has taken steps to assure this mistake will not occur again. The last issue is the physician's failure to apologize after the patient's husband called to complain. The physician's failed efforts in this regard are regrettable, and she rightly offers a belated apology in her written response to this complaint.

19. CR 11-353

Ms. Clukey moved to dismiss CR 11-353. Dr. Andrews seconded the motion, which passed unanimously.

The complainant alleges his physician did not provide appropriate medical treatment and care. The patient did not provide authorization for the release of his medical records; therefore, his complaint cannot be evaluated nor a determination made as to its validity.

20. CR 11-355

Dr. Dumont moved to investigate further CR 11-355. Dr. Gleaton seconded the motion, which passed unanimously.

21. CR 11-415

Dr. Gleaton moved to dismiss CR 11-415. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Andrews recused.

A patient complained about her consultation with a rheumatologist. She felt that the physician was not thorough with her evaluation and did not make considered treatment options available to her. Review of the record indicates reasonable evaluation of, and recommendations for this complex patient. However, not all of the recommendations resonated with the patient, even though they were medically sound.

22. INTENTIONALLY LEFT BLANK

IV. ASSESSMENT & DIRECTION

23. AD11-090

Dr. Dumont moved to file AD 11-090. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Barnhart recused.

24. AD 11-364

Dr. Nyberg moved to investigate further AD 11-364. Dr. Dumont seconded the motion, which passed unanimously.

25. AD 11-378

Dr. Gleaton moved to file AD 11-378. Dr. Nyberg seconded the motion, which passed unanimously.

26. AD 11-413 (CR 11-479)

Dr. Dumont moved to issue a complaint in the matter of AD 11-413 (CR 11-479). Dr. Gleaton seconded the motion, which passed unanimously.

27. AD 11-476 (CR 11-480)

Dr. Gleaton moved to issue a complaint in the matter of AD 11-476 (CR 11-480). Dr. Dumont seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCE (None)

NOON RECESS

PUBLIC SESSION

VI. MINUTES OF OCTOBER 11, 2011

Dr. Nyberg moved to approve the minutes of October 11, 2011 as written. Dr. Gleaton seconded the motion, which passed unanimously.

VII. BOARD ORDERS & CONSENT AGREEMENT MONITORING AND APPROVAL

A. Board Orders (NONE)

B. Consent Agreement Monitoring and Approval

1. Linda Kenniston, M.D. – Request to amend Consent Agreement.

Dr. Nyberg moved to amend Dr. Kenniston's consent agreement to require two urine tests per month. No further amendments will be entertained within the next six months. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Barnhart recused.

2. Paul A. Tessier, M.D. (Non-payment of Fine) (CR 11-482)

Dr. Gleaton moved to issue a complaint against Paul A. Tessier, M. D. for violating the terms of his consent agreement by refusing to pay his fine. Dr. Nyberg seconded the motion, which passed unanimously.

3. Thomas A. Tarter, M.D. (CR11-482) Non-payment of investigative costs.

Dr. Dumont moved to issue a complaint against Thomas A. Tarter, M. D. for failure to reimburse the Board for investigative costs as outlined in his consent agreement. Dr. Gleaton seconded the motion, which passed unanimously.

4. Alexandria Nesbit, PA-C (approval of workplace monitor)

Dr. Gleaton moved to deny approval of the proposed workplace monitor proposed by Ms. Nesbit because he was not on site. She can continue to work under the supervision of her back-up monitor. Dr. Nyberg seconded the motion, which passed unanimously.

VIII. ADJUDICATORY HEARING - CR 11-139 Matthew W. Jacobsen, M.D Continued

IX. REMARKS OF CHAIRMAN

A. Informal Conference Scheduling

The Board will undergo a trial of holding Informal Conferences with at least three Board members, but with a goal of four, including two physician members and two public members on the Monday prior to a Board meeting. March was selected as a target trial date.

B. Longevity Approval

Dr. Gleaton moved to approve longevity compensation for the Executive Director for 2011. Dr. Dumont seconded the motion, which passed unanimously.

X. EXECUTIVE DIRECTOR'S MONTHLY REPORT

The Board accepted the Executive Director's report.

A. Complaint Status Report (FYI)

B. Policy Review – PA License, Registration Schedule II Prescribing Authorization Expiration

Dr. Nyberg moved to reaffirm the policy titled Physician Assistant License, Registration, and Schedule II Prescribing Authority Expiration. Dr. Dumont seconded the motion, which passed unanimously.

C. Examination Information

The Board reviewed information provided by the Federation of State Medical Boards regarding the FLEX examination and a new security feature, e.g., the "Touchsafe" thumb print seal to be added to the official FLEX transcript.

D. Prescription Drug Summit

Mr. Manning and Dr. Cooper attended a Prescription Drug Summit hosted by the Attorney General and reported to the Board their impressions and comments heard. No action was taken.

XI. MEDICAL DIRECTOR'S REPORTA. 1501 Resolve Workgroup Update

Dr. Cooper updated the Board on the 1501 Resolve Workgroup he has been attending.

B. Attorney General's Prescription Drug Summit (FYI)XII. REMARKS OF ASSISTANT ATTORNEY GENERALA. Review of Complaint Process

Mr. Smith presented a comprehensive educational overview of the complaint process using Power Point projection.

XIII SECRETARY'S REPORTA, List A1. M.D. List A Licenses for Ratification

Ms. Clukey moved to ratify the physicians on List A for licensure. Dr. Dumont seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary, Maroulla Gleaton, M.D. without reservation:

| NAME                | SPECIALTY                       | LOCATION   |
|---------------------|---------------------------------|------------|
| Cass, Darrell L.    | Pediatric Surgery               | Bangor     |
| Davey, Kathleen M   | Internal Medicine               | Portland   |
| DiamondAkey, Karyn  | Family Practice (Admin License) | Portland   |
| Fanaras, Gregory C. | Pulmonary Diseases              | Portland   |
| Khan, Arif Q.       | Internal Medicine/Gastro        | Bangor     |
| Lauze, Scott R.     | Psychiatry                      | Not Listed |
| Maung, Tony Y       | Radiology                       | Calais     |
| Miller, Darin J.    | General Surgery                 | York       |
| Nguyen, Khanh L.    | Neurology                       | Not Listed |
| Nolan, Elizabeth M. | Orthopedic Surgery              | Bangor     |
| Parker-MELLO, Kelly | Pediatrics                      | York       |

|                       |                   |             |
|-----------------------|-------------------|-------------|
| Patil, Nilesh K.      | Orthopedics       | Millinocket |
| Salas, Christopher M. | Internal Medicine | Biddeford   |
| Schoenfeld, Harris    | Cardiology        | Waterville  |
| Sejour, Jodine M.     | Family Medicine   | Waterville  |
| Wilson, Jessica       | Internal Medicine | Lincoln     |

2. P.A. List A Licenses for Ratification (None)

B. List B Applications for Individual Consideration

1. Debra Little, M.D.

The Licensure Committee moved to deny the license application of Debra Little, M.D. with leave to withdraw her application. The motion passed unanimously.

2. James M. Balliro, M.D. (Tabled)

2. Susan Freeman Welham, M.D.

The Licensure Committee moved to approve the license application of Susan Freeman Welham, M.D. The motion passed unanimously.

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement

Dr. Gleaton moved to ratify the reinstatement on List C below. Dr. Dumont seconded the motion, which passed unanimously.

The following license reinstatement application has been approved by staff and Board Secretary, Maroulla Gleaton, M. D. without reservation:

| <u>NAME</u>  | <u>SPECIALTY</u>   | <u>LOCATION</u> |
|--------------|--------------------|-----------------|
| Lau, Mark M. | Orthopedic Surgery | Brunswick       |

2. List C Applications for Reinstatement for Individual Consideration

a. Shana Clark, M.D.

The Licensure Committee moved to accept Dr. Clark's request to withdraw her application for reinstatement. The motion passed unanimously.

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

Dr. Andrews moved to approve the physicians' applications on List D (2) to withdraw their licenses from registration. Dr. Barnhart seconded the motion, which passed unanimously.

The following physicians have applied to withdraw their licenses from registration:

| <u>NAME</u>      | <u>LICENSE NUMBER</u> |
|------------------|-----------------------|
| Hansen, Shandi   | 018787                |
| Balfour, Erika   | 016945                |
| Bhojwani, Rajesh | 016546                |

3. List D (3) Withdraw License from Registration – Individual Considerationa. Rodney Kuhl, PA-C

The Licensure Committee moved to cancel a scheduled Informal Conference and accept Mr. Kuhl's application to withdraw his license. The motion passed unanimously.

b. Manuel Sangalang, M.D.

Dr. Gleaton moved to deny Dr. Sangalang's application for a limited license. Ms. Clukey seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

Dr. Nyberg moved to accept Dr. Sangalang's request to withdraw his license. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

E. List E Licenses to lapse by operation of law (FYI)

The following physician licenses lapsed by operation of law effective October 21, 2011.

| <u>NAME</u>            | <u>LICENSE NUMBER</u> |
|------------------------|-----------------------|
| Abdal Raheem, Sulieman | 017837                |
| Atallah, Sylvana       | 017477                |
| Carson, Richard        | 016738                |
| Chrysoheris, Pericles  | 018271                |
| Hartnett, Kimberly     | 016117                |
| Ingram, Cory           | 016883                |
| Kaufman, Gary          | 012774                |
| Kincheloe, Robert Jr.  | 017310                |
| Kutty, Ahmed           | 005970                |
| Mand, Raminder         | 018568                |
| Nero, Thomas           | 018424                |



|                    |        |
|--------------------|--------|
| Osterov, Yuliya    | 018693 |
| Patel, Narendra    | 011240 |
| Pell, Brian        | 017325 |
| Rafi, Esmail       | 005550 |
| Reed, David        | 006774 |
| Sauris, Edward     | 018442 |
| Stern, Toni        | 018297 |
| Williams, Kathleen | 018681 |

F. List F Licensees requesting to convert to active status

1. Alexandra Craig, M.D.

The Licensure Committee moved to require Dr. Craig to take the SPEX to assure medical competency and if she passes that exam to offer her a Consent Agreement so she could return to practice in a supervised situation. The motion passed unanimously.

G. List G Renewal applications for review (none)

H. List H. Physician Assistant Schedule II Authority Requests for Ratification (None)

XIV. STANDING COMMITTEE REPORTS

A. First Quarter Financial Report (FYI)

XV. BOARD CORRESPONDENCE (None)

XVI. FYI

XVII. FSMB MATERIAL (FYI)

XVIII. ADJOURNMENT (4:15 p.m.)

Dr. Dumont moved to adjourn. Dr. Nyberg seconded the motion, which passed unanimously.

Respectfully submitted,



Jean M. Greenwood  
Board Coordinator